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ABSTRACT

This document discusses the current status of women, the current areas in need of research, and makes specific recommendations. Current status is described in terms of women's employment, mental health, and drug abuse. More than half of today's women are employed but they are clustered in the lowest paying occupations. More women than men report that they experience symptoms of depression and that they are taking barbiturates for medical purposes. Research needs in women's studies include: the need for basic research into such topics as sex role specialization and biological bases of sex role; women's health areas including psychotherapy, physical and mental health services; and research into the future needs of women in the 1980s. The document emphasizes that women's health research should not be planned, developed, reviewed, funded, or conducted without the participation of competent, informed women at every stage of the process. The baby boom of the 50s, the increasing numbers of single women, and increasing divorce rates among other factors forbode a number of unique problems arising in the 1980s. A list of references concludes part one of the document. Part two emphasizes research which is needed on women of all ages, including the study of the stresses women encounter when entering male-dominated occupations and the social, psychological, and achievement implications of single status and childless marriage. (BC)

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PRESIDENT'S COMMISSION ON MENTAL HEALTH

Task Panel on Special Populations
Minorities, Women, Physically Handicapped
Subpanel on Women and Mental Health

THE STATUS OF RESEARCH ON WOMEN IN THE 70'S

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THERE IS NO MARK ON THE WALL TO MEASURE THE PRECISE HEIGHT OF WOMEN...THEY REMAIN EVEN AT THIS MOMENT ALMOST UNCLASSIFIED.

Despite the years that have elapsed since Woolf wrote those lines, current scientific knowledge about women is still in its infancy. Prior to the women's movement there was a general lack of documentation of the lives of women and the worlds in which they have lived. History books wrote of politics, power, and war, but except for an occasional queen or two, told little of what the women were doing while the men were fighting wars or reorganizing governments. Every school child knows about Davy Crockett, but was there a Mrs. Crockett?

In the research fields concerned with human behavior: psychology, psychiatry, sociology and anthropology, inadequate attention also has been paid to women. This lack of concern was reflected in the topics chosen for research in the theories developed and in the methods by which research has been conducted. Neglected topics are legion; a few examples will suffice. The sociology of occupations has studied doctors, lawyers, and other professional groups, but only in the past few years have studies been initiated on housewives, the largest if one of the least prestigious occupations in the United States. Studies of power, political, economic and social, generally have failed to include women. Psychological studies of motivation have focussed largely on educational and occupational achievement, arenas of life traditionally more important to men than to women. On the other hand, certain aspects of men's lives also have received inadequate research attention. Research on contraceptive methods has been limited almost entirely to the female reproductive system. Few researchers have attempted to interfere with male hormone functioning for purposes of controlling conception.

Many existing theories of human behavior have been based on assumptions, conceptual frameworks and research findings developed by men and using men as subjects. As psychologist Hoffman (1974) has pointed out what has been regarded as human behavior is really only masculine behavior. In the past, some studies ignored women entirely, or simply assumed that behavior examined

would be the same regardless of sex. Some studies gathered data on both sexes, but failed to examine sex differences. Others gathered data on both sexes, but reported the data only on men because the data on females did not support the hypotheses or did not result in statistically significant differences. When sex differences were examined, only those studies that found differences were reported in the social science literature. Thus we have no systematic body of data on the many areas where no differences between men and women have been found. Other studies failed to consider the sex of the person conducting the research as a relevant variable even though it is common knowledge that men and women behave differently in the presence of a person of the opposite sex. As new research and new perspectives on research are emerging, existing theories of human behavior need examination to assess whether they explain the behavior of women as well as men.

Until recently relatively few women scientists were recipients of federal grants to conduct behavioral research. This was, and is, in part related to practices at universities and research institutions which discriminate against the training, employment and promotion of women. Some universities require that only tenured staff may submit applications for federal support of research. Such regulations limit the number of women who can even apply for grants. Institutional bias also affected women researchers on the federal level. In 1970 only four percent of NIMH committees/members that review grant applications were women. Following the HEW mandate for adequate representation of women, this percentage increased to 32% by 1975. Between the years 1971 and 1976 the percent of research grants awarded to women rose from 9% to 23%.

For many years the major aspect of women's lives to receive the attention of researchers was that of the role of mother. Much of that research focussed on the inadequacies of women as mothers: schizophrenogenic mothers, the impact on the child caused by the lack of maternal stimulation, the damage done to children if mothers worked, etc. The increase in the number of women researchers together with the impetus of the women's movement has led to an awakening of interest in research on the status of women, the increasingly varied ways in which contemporary

women live their lives, the roles they fill in this and other societies and how they cope with the problems they face. It has also led to the examination of existing theories, and research methods for sex bias.

Though we do not know very much about what women's lives were like in the past, we do know that they are not now what they were. Access to reasonably reliable contraceptive methods has reduced the birthrate and changed the timing of births. This together with the increased longevity means that most of a woman's lifespan if free from the historic responsibility of raising children. The increased divorce rate and the decline in the marriage rate means that many women are leading economically self-sufficient and socially independent lives, though many exist on marginal incomes. The ability to plan the number and the timing of births has also allowed women to become more employable. It has also allowed some women to remain single without foregoing sexual gratification. We do not yet understand much about the implications of these societal changes, but everywhere there is evidence that all is not well with women in America.

The Current Status of Women

- More than half of all women now are employed outside of the home but they are clustered in the lowest paying occupations and at the bottom of the achievement ladder.

- Equal opportunity programs and affirmative action, notwithstanding, qualified women employed full time in 1976 earned less than 56 percent of what men earn; whereas in 1967 women's earnings were 62 percent of men's.

- One woman in four but one man in 18 lives on an annual income of less than $4000.

- Though many of the women employed outside of the home have young children, there are few social supports outside of the immediate family. Increasing numbers of families are composed of a mother and her children.

- Whether or not women are employed outside the home, housework remains largely "women's work" (Berk and Berk). Thus many American women have two full work days in every 24 hours.

And when we examine the mental health problems of women we find:

- 175 women to every 100 men are admitted to hospitals for the treatment of depression. Weissman (1975)

- 238 women to every 100 men are treated for depression in outpatient services. Weissman (1975)

- More women than men in the general population report that they experience symptoms of depression.

- The highest rate for treatment in public facilities is for non-white women, and among women between the ages of 25-44 who are separated or divorced. Guttentag (1976)

- Among married women in the general population symptoms of depression are more common among women whose children are living with them.

- Older women whose children have left home and women who never married show fewer symptoms of depression. Guttentag (1976) Radloff (1975)

The National Institute of Drug Abuse reports that:

- Twice as many women as men use the two most popular minor tranquilizers, Valium and Librium.

- 50 percent more women than men report having used barbiturates for medical purposes.

- Estimates of the proportion of alcoholic women in the population ranges from 20% - 50%. Homiller (1977)

- Perinatal mortality of 17% among the offspring of alcoholic women has been reported compared with 2% for controls. Jones and Smith (1976)

- Though the exact numbers are not yet available, increasing numbers of women are reporting that they have been beaten, abused or raped, often in their own homes.

- And when we look at the political capacity of women to remedy their status we find that only about 3½ percent of the Congress of the United States and about 9 percent of the State legislators are women.

Knowledge Development: Basic Research Needs

Crosscutting all areas for research are concern with the life cycle perspective, concern about all socio-economic groups and about women in all ethnic and racial groups. All women are not alike, nor are their problems alike. The life experiences of women growing up in different decades are vastly different. Elder (1974) has shown that children raised in the depression of the 30's show lifetime social, economic and behavioral effects. Black women experience a reality different from white women or Hispanic women. The lives of rich women are unlike those of the poor in many respects. Rural, suburban and inner city women have different life experiences, different problems and different needs. When new knowledge is sought it must attend to all of these differences.

It is necessary also to study normative behavior, not just problem behavior. Unless we understand the range of life conditons to which people can and do adjust we will not know the parameters within which people grow and develop.

Certain periods of women's lives have been neglected as research areas: the onset of puberty and early adolesence, young adulthood, women in midlife as well as the aged.

Research on the development and life experiences of minority women - Black, Asian, Native American and Hispanic is woefully inadequate. Particular attention needs to be paid to successful adaptation among these groups of women.

Sex Role Socialization

The need to study the processes by which sex differences in behavior come about is pervasive throughout the life cycle. From the moment the announcement is made "it's a boy" or "it's a girl" much of the future course of life is already circumscribed. Not only are biological differences immediately apparent, but every child is born into a family and a society that has different expectations of what it means to be a man or a woman and almost immediately begins to treat the new infant according to these expectations. For example, behavioral observations of neonates show that mothers do more face to face talking with girls but handle and stimulate boys more frequently. These differences in socialization continue throughout infancy, childhood and adult life. Further, there are differences between cultures, between ethnic, racial and economic groups within our society. There has been considerable research in the last decade on the cultural expectations, the behaviors of parents, teachers, and peers that encourage and reinforce the development of these differences. There is need now for a critical synthesis of research findings across fields. Such an undertaking should attempt to integrate findings from anthropology, sociology, psychology and education.

Women and Achievement

We know that women's motivation to achieve is different from men's though until recently research on women's achievement motivation was scant. Parsons et al (1976) found that there was an inverse relationship between traditional sex role values and the aspiration to achieve in education, income and work plans. Further work on the structural supports and barriers to girl's and women's increased achievement motivation is needed.

Room for Women? Research on Occupational Attainment

Keller has pointed out that the working woman has been one of the best kept secrets of American life. Little research has been done on the occupations that women traditionally are assigned (housewife, secretary, nurse) as well as the attitudes of the society, of institutions and of employers that segregate women into these occupations.

Fortunately, the Department of Labor keeps current data by sex on occupations and earnings in the United States so we know, that contrary to popular assumptions, the gap between the incomes of men and women is widening each year. Since no single social factor is more related to mental health status than income, we need to know more about the many variables that keep women from occupational achievement commensurate with their training and experience.

Women and Non-Traditional Work

Though the numbers have been increasing in recent years, both men and women have low participation in non-traditional occupations. Both the male nurse and the female welder are depicted in cartoons and jokes. Some recent research (Walshok) shows that women who work in occupations generally considered appropriate to men are pleased with the increased earnings, but they do encounter some discrimination on the job. Some are also concerned about the effect their work will have on their husband's self-concept and do not discuss their work when in social groups. Further research is needed both to expand the opportunities for employment in non-traditional fields and to assess the impact on the woman, their families and their peers.

In recent years a few women have entered into positions in top management. We need to know more about the social and psychological consequences of being the only, or one of the only, women in the executive suite. How do these women handle the stresses of an occupational role they were not socialized to expect and for which they often have little social support? Does their presence at the staff or board meeting have an impact on the way policy is set and programs implemented?

Work and Family

Freud, among others, believed that work and love were essential ingredients of positive mental health. It now appears that many American women

may now have more than enough of a good thing. They not only have a home and family to care for but increasingly are employed in the labor force. And as Hauenstein and others have shown, being able to provide adequate care for their children is a major concern in a country that provides little in the way of community supports such as day care centers, or mother's helpers. Less than 1% of the children of working mothers are in group day care centers. Even large housing developments rarely have space where day care is provided. The responsibility for caring for children in this country has always been and continues to be almost exclusively the mother's. And many mothers are having difficulty filling these dual roles. During the 60's and early 70's first the Office of Economic Opportunity and then the Office of Child Development funded numerous studies which showed that children, even infants, could be cared for in group settings without adverse consequences Chapman and Lazar(1971). There is no need to replicate such studies, but there is need to examine social attitudes towards the use of public funds to support community facilities for the care of children. Alternative methods of providing child care in the community, neighborhood or home needs further evaluation.

Fathers are parents too, but studies show that even when mothers are employed full time outside of the home, fathers provide little assistance with child care or housework. An understanding of male attitudes towards these activities might help facilitate change.

Biological bases of sex role functioning and sexuality

As Epstein has pointed out "the nature of women is still being explored with a view to considering the elasticity of sex role definition. The biological basis of sexuality and sex role functioning has long been assumed without systematic research." Needed research studies would include those designed to examine the relationship of male and female hormone functioning to sex defined family and work roles and of behavior labeled masculine-feminine. While some research exists on the relationship between women's physiology and their range of sex role behavior, the relationship between male physiology and their sex behavior is largely unexamined. It is important that such behaviors be studied within the

social context in which they occur, and that efforts be made to study both the impact of hormones on behavior and the impact of behaviors on hormones.

There has been a paucity of research on normative patterns of menstruation, from onset through menopause, about women's attitudes towards menstruation as well as about men's attitudes toward a phenomena which impacts upon all men who have sexual relations with women. There is need to know more about both the biological and the sociocultural aspects of the menstrual cycle among all age, social, racial and ethnic groups, and to put these findings into a world wide perspective.

There are more myths about menopause than facts. Most of the information available came from clinical studies of women who were seeking help with physical and psychological problems made manifest during the menopausal years. There is need for a prospective study of cohorts of women to determine the varieties of menopausal experiences.

"The Sexual Revolution" has been written about in the popular press far more than it has been researched. A solid base of data are needed to understand current sexual practices among all age, racial and social classes. While some research has been conducted on male homosexuality, the study of female homosexuality is almost an untapped subject. We are beginning to understand and accept that sexuality is a life long phenomenon, and should be studied among people from childhood through old age.

The Decision not to have Children

For the first time in history, technology has theoretically eliminated the inevitability of motherhood, but as Russo (1976) points out "The centrality of motherhood to the definition of the adult female is characterized in the form of a mandate which requires having two children and raising them well." In 1972 only 4% of wives expected to ignore the mandate by not having children. Do we know whether women who do not have children by choice or by chance are more or less happy, fulfilled, mature? What are the psychological consequences of childlessnes both voluntary and involuntary, at different stages in the life cycle, at different economic levels and among different ethnic/racial groups?

Is it vital, as generally assumed, to a woman's mental health to have and raise children?

Knowledge Development: Psychotherapy and Mental Health Service Delivery

When Things Go Wrong

Basic research as well as mental health epidemiologic studies over the years have shown that alienation and powerlessness, low-income and its concomitant stresses are precursors of mental illness, particularly of the depressive illnesses. Given women's lower social and economic status in the country, together with the other life stresses, it is not surprizing that more women are depressed than men.

However, when the research about the problems of mental illness, alcoholism and drug abuse is examined, we also find that much needed data are lacking. There are no national studies of the incidence and the prevalence of depression among women (or among men, for that matter). Homiller (1977) also emphasizes the need for accurate prevalence data and points out that the scope of alcoholism among women has never been established. National surveys in the general population are needed to establish basic epidemiologic data on depression, other mental illnesses, drug usage and alcoholism among women.

Studies are also needed to examine potential sex bias in methods of diagnosis, measurement instruments, treatment and follow-up in the family, at work and in the community. Concern has been expressed by many women mental health professionals as well as by writers in the popular press that diagnostic procedures are affected by traditional attitudes of what is appropriate behavior for women. Such traditional attitudes are based on the notion that all women should want to marry, have and care for children, assist a husband in pursuit of his career and assume an unassertive, though not overly dependent stance in interactions with men. Research is needed to assess whether such bias indeed is reflected in the diagnostic instruments used to assess mental health status among women and if such attitudes affect the treatment of women as they move through the mental health system.

There is a need for ongoing studies of both the process and outcome of various types of psychotherapies. The question is not so much "Is psychotherapy effective?" but rather, "What kind of therapy is effective, for what kind of problem, with what type of patient, and with what kind of therapist?" The NIMH has proposed establishing a new therapy assessment program to evaluate the effectiveness of various types of psychotherapy. The research conducted needs to include the range of traditional therapy interventions as well as non-traditional ones including mutual help groups.

Comparison of the outcome of various forms of intervention at crisis points in women's lives is needed. Such crisis points include adolesence, birth of a first child, separation, divorce or widowhood, health crises such as hysterectomy, mastectomy, or other major surgery, loss of a job, move to another city, or retirement.

Women and Health Service Delivery

Individual feminists, women scientists and women's caucuses of professional organizations have voiced criticisms of the way in which medical and psychological services are delivered to women. They have spearheaded a grass roots women's health movement and developed a number of alternative treatment service models which operate in traditional settings, in mutual help groups, and in free clinics.

A publication, Our Bodies, Our Selves, A Book By and For Women published by the Boston Women's Health Collective in 1973 is now sold on newsstands throughout the country. Concern is expressed in this book, as well as in numerous other articles and publications, about pervailing medical attitudes towards women's reproductive systems. The quality of care and research about menstruation, contraception, abortion, pregnancy, childbirth and menopause is a major concern; so too is the issue of unnecessary hysterectomies and mastectomies. The efficacy of radical mastectomy compared to less mutilating modes of treatment has received public and scientific attention lately. A generation of women were prescribed the contraceptive pill before the potential for serious side effects became public. Women have voiced concern about being used as "guinea pigs" without their informed consent.

While research in all of these areas is needed many women do not want to see more of the same kind of paternalistic research which ignores the attitudes, feelings and even the health of the women involved. Such advocates of a new research mode want women to have the opportunity to participate in the decisions that affect their bodies. Research on women's reproductive system should not be planned, developed, reviewed, funded or conducted without the participation of competent, informed women at every stage of the process. Women in America have long since ceased to accept the notion that their bodies belonged to their fathers or husbands. They no longer accept that their bodies belong to medical researchers or practitioners.

The mental health system including treatment and traditional concepts of women held by practitioners has come under severe attack in many segments of society. This topic is discussed elsewhere in this report and only a few of the research issues will be raised here. Research is needed not only on the extent to which various age and racial groups utilize mental health service facilities but also on the degree to which the people who utilize them feel that the services have been effective for the problems presented. Objective outcome measures need further development and interventions need to be assessed by these outcome measures.

Information is needed on the staffing patterns of all public facilities which deliver mental health services. Data should be reported regularly on the number of staff at all levels by sex and race and the staffing pattern should be compared with that of the population in the catchment area.

Included among the research needs relating to service delivery are demonstration and evaluation studies of training programs for service providers on nonsexist therapies. Such training could be provided at annual meetings of the American Psychiatric, Psychological, Social Work and Nursing Associations as well as in short continuing education training programs funded by the NIMH for staff of the Community Mental Health Centers as well as for faculty of clinical training programs funded by the NIMH.

Innovative modes of providing services to women needs rigorous exploration. Existing demonstration programs (both preventive and remedial) in the workplace as well as in the neighborhood need further development and evaluation.

Social Change vs. Individual Change

It should be remembered, however, that intervention in the social system has potential for effecting a far greater change than does individual or group psychotherapy. For example, implementation of affirmative action plans and a reduction in the extent to which jobs are segregated by sex would raise the earning potential of millions of women. The resultant increase in income would reduce the impact of life stress and raise the self concept of women on a scale not possible through remedial psychotherapies. The development of a network of daycare systems in the community would free more welfare mothers to work, would relieve the stress of many mothers already working. Appointment of a representative number of women to policy making positions in Federal, State and Local agencies would permit the concerns of women to be expressed in the decisions that impact on the lives of all American women. A change in the stereotyped protrayal of housewives thrilled with the sight of their detergent white laundry would influence the image of women to television viewers of both sexes and all ages. Legal enforcement of court mandated child support payments would raise the living standard of millions of American women and children. Federal laws covering the kidnapping of children by the noncustodial parent would eliminate cirsis situations for many parents and children. Such interventions in the social system are preventive measures and ultimately will reduce the need and the cost of remedial services.

Research Needs for Women in the 1980's

If women today are not what they were yesterday, just as surely they are not now what they will be tomorrow. It is difficult to predict what some of these changes will be, but demography alone will have a drastic effect on the shape of the nation. Whereas once it was thought that anatomy was destiny, it now appears that demography may be destiny. Consider the potential impact of a few of the demographic changes and the research needs they suggest:

> The large cohort born in the baby boom of the 50's will be entering middle age. If mid life crises are still the phenomena they are today, much research will be needed to assist the largest group in the population deal with such events.
>
> An unprecedented number of households will be headed by single, female, women over the age of 65.

If present marriage rates continue, there will be an increase in the number of never married women. In the past this has been a low risk group for mental illness.

The number of separated, divorced and widowed women is likely to increase. This group has been at high risk for mental health problems.

Women are marrying later and postponing having children. Should this trend continue there may be an increase in those birth defects more common to older mothers. Unless there is a more widespread use of new medical diagnostic procedures such as amniocentesis followed by a termination of the problem pregnancies the consequences for the mothers, their children, and society at large will be substantial.

The ability to predict birth defects as well as the sex of a fetus will mean that expectant parents will be able to decide whether they wish to continue a pregnancy if they are not pleased with the likely future of the unborn child. Such decisions will not be made without both interpersonal and intrapsychic stress. More information is needed about genetic counselling methods; training will be needed to develop these skills among physicans, counsellors, etc.

The number of women raising children alone is likely to increase. Already inadequate support services will be further taxed. The number of fathers raising children may also increase; this group will have special needs not yet explored.

There will be a smaller proportion of adolescents and older children as the dip of the birthrate of the late 60's and 70's moves into this age group. With a norm of two children and an increase of one child families, most children will be the <u>first</u> child. First children are both more achieving and more prone to experience anxiety and to evoke anxiety in their parents. Research is needed on the effect of smaller family size on both the children and their parents.

The percentage of the population in the lowest socioeconomic group will continue to increase both because of a differential birth rate and because of economic trends. Low socioeconomic status puts people at higher risk for almost everying undesirable: physical and mental illness, shortened life span, incarceration, victimization from crime, etc. Increased social supports as well as remedial services will be necessary for these women.

As the number and percentage of college graduates increases, employment opportunities will not keep pace with the need. "Blocked opportunities" will become a pervasive problem as more people, particularly those who have had difficulty in obtaining appropriate employment in the past, aspire to jobs that they cannot attain. It is likely that opportunities will continue to be more limited for women than for men.

An increasing proportion of women will continue to work outside of the home for greater periods of their lives. There is some evidence that working women are less prone to depression than their non-working age and sex cohort, but may be more prone to stress related physical ailments.

The income differential between men and women grows each year. If this differential continues, together with the likelihood that more women will be supporting themselves and their children, we may have a nation of poor women and children in need of public social, medical and mental health services.

References

Berk, and Berk, F.; "Urban Household Work and Mental Health". University of California, Santa Barbara, California. NIMH Grant No. ROl MH 27340.

Chapman, J.; and Lazar, J.B.; "The Present Status and Future Needs in Day Care Research", The George Washington University, Washington, D.C., 1971.

Elder, G.; Children of the Great Depression, University of Chicago Press, 1974.

Epstein, C.; Memo to NIMH, "Research Development and Needs Pertaining to Changing Sex Roles". Undated.

Guttentag, M., Salasin, S., Legge, W.W., Bray, H.; "Sex Differences in the Utilization of Publicly Supported Mental Health Facilities: The Puzzle of Depression". NIMH Grant No. MH 26523.

Hauenstein, S.; "Attitudes of Married Women Toward Work and Famalies." University of Michigan, Ann Arbor, Michigan. NIMH Grant No. ROl MH 24887.

Hoffman, L.W.; "Psychology looks at the Female", New Research on Women, The University of Michigan, Ann Arbor, Michigan, 1974.

Homiller, D.; Women and Alcohol: A Guide for State and Local Decision Makers, Council of State Authorities, Washington, D.C., August, 1977.

Jones, K.L.; Smith, D.W.; Streissguth, A.P. and Myrianthopoulos, N.C.; Outcome in offspring of chronic alcoholic women. Lancet 1:1076-1078, 1974.

Parsons, J.E., Frieze, I.H., Ruble, D., and Croke, J.; "Intrapsychic factors influencing career aspirations in college women". Unpublished Manuscript, 1975.

Radloff, L., "Sex Differences in Depression: The Effects of Occupation and Marital Status". Sex Roles: A Journal of Research, Volume 1, No. 3, September 1975.

Russo, N.F., "The Motherhood Mandate", Journal of Social Issues, Volume 32, No. 3, 1976.

Walshok, L., "Nontraditional Blue Collar Work Among Urban Women", University of California Extension, San Diego, California. NIMH Grant No. ROl MH 27685.

Weissman, M.; "Depressed Women: Traditional and Non-Traditional Therapies", "aper presented at the Eight Annual Synposium, "Effective Psychotherapy", Texas Research Institute of Mental Sciences, Houston, Texas, November 19-21, 1975.

Research Recommendations

Crosscutting all areas for research are concern with the life cycle perspective, concern about all marital, socioeconomic, ethnic and racial groups. While further research is needed on women of all ages, emphasis should be placed on those stages which have been understudied: early adolesence, young adults, women in midlife and the elderly.

It is crucial that all new research be designed, conducted and staffed with an awareness of potential sex bias in existing theory, methodology, instrumentation and interpretation.

A. BASIC RESEARCH RELATING TO WOMEN

1. Sex Role Socialization Given the burgeoning of research in recent years it is time to initate a critical synthesis of research findings across the fields of anthropology, sociology, psychology and education on the relationship of sex role socialization to mental health, alcohol and drug usage.

2. Achievement In the areas of achievement motivation and occupational status, studies are needed on the structural barriers and supports which influence the motivation of girls and women. We know that women are segregated into a relatively few occupations. Studies are needed on the attitudes and practices of the social institutions, of employers and of women themselves which impede occupational achievement commensurate with their training and experience.

   Studies are needed of the stresses women encounter when they enter occupations and professions usually occupied by men such as welders or truck drivers, as well as executive positions. Such studies should compare the stresses as well as the social supports available to women and men in comparable positions.

3. Single Women Though the number of women who never marry is small, more women are remaining single until later ages. Research is needed on how unmarried women of all ages live, and what are the social, psychological, and achievement implications of the single status. Included in this group

are single women who have children by choice or by circumstance.

4. The Option of Children Studies of the decisionmaking process among women who elect not to have children and the social, psychological and achievement consequences of voluntary and involuntary childlessness are needed.

5. Dual Roles Ongoing studies are needed of the stresses experienced by women with dual work roles in the employment market and the home with particular exploration of the social and familial supports available to these women.

   While studies of women of all socioeconomic classes are needed, particular emphasis should be on working class and lower middle class women who do not have access to publicly funded child care facilities and women in managerial positions where job demands are great.

   Only 1% of children of working mothers are in organized group care settings. Alternative methods of providing child care in the neighborhood and community should be developed and evaluated.

6. Male Roles Research should be supported on the male role in homemaking, and of those attitudes and behaviors which hinder their participation in child and home care.

7. Biological Aspects of Sex Role Functioning and Sexuality Studies of the impact of hormones on sex role behavior and of behavior on hormones of both men and women require support. Such studies should be conducted in the social context in which they occur.

   Normative studies of menstruation, from onset through menopause, including women's and men's attitudes towards menstruation are needed.

   Studies should be undertaken of the range of sexual practices among women of all ages, races and social classes.

   Case studies of the successful introduction of sex education into public school systems should be undertaken to develop models for various types of communities.

8. The Social Structure Research is needed on how social institutions and changes in institutional policies affect women. These include legal, economic, educational, medical and governmental policies and practices. Included in this area are studies of how women's participation in political and civic activities influences political decision making as well as how their participation affects their self concept and sense of power.

9. Social Change Though the roles of many women have altered, others seem to have been less affected by societal change. Studies of the self concept and coping mechanisms of those women whose life styles have changed as well as those who seem to be maintaining traditional roles are needed.

10. Minority Women Studies are needed of the normative development and life experiences of minority women and of successful adaptation of Black, Asian, Native American and Hispanic women.

B. RESEARCH AND WOMEN WITH SPECIAL PROBLEMS

1. Basic Research in Mental Health, Alcohol and Drug Abuse In order to do program planning, adequate data are needed on the incidence and prevalence of depression, other mental illnesses, alcohol and drug dependence and of the interrelationships between these phenomenon.

2. Drug Research Among Women in Childbearing Years Research needs to be conducted on the effects of marijuana and LAAM (Levo-alpha acetylmethadol) on women. Because of restrictive testing requirements no information now exists of the effects of these drugs on women.

3. Neonate Addiction Further epidemiological studies of addicted neonates and of those born to alcoholic mothers are needed. Such studies should include systematic follow-up of these infants.

4. Sex Bias Carefully designed studies are needed of potential sex bias in theories of mental illness and substance abuse, methods of diagnosis, measurement instruments, treatment and follow up of women.

5. Social Influences on Mental Health Problems Official recognition in the form of increased allocation of funds and administrative support needs to be given to studying the influence of learned and social factors in mental illness, including inequities in the social order and sex role stereotyping on the higher rates of depression among women.

Studies are needed of the effect of female socialization and variation in sex roles on the initiation and maintenance of cigarette, alcohol, and drug use.

C. TREATMENT ASSESSMENT

1. Sex Differences in Utilization of Services Studies of differences in motivation between men and women in entering mental health, drug and alcohol treatment systems are needed with particular attention to the lower relative proportion of females utilizing federally funded drug and alcohol treatment facilities. Utilization data on publicly supported health services should be kept by sex and race.

2. Therapy Assessment Support is needed for studies of the process and outcome of various types of psychotherapies and interventions for various types of problems. Studies should analyze for the influence of the race and sex of the therapist, and should compare traditional as well as non-traditional interventions.

The efficacy of intervention at various crisis points in women's lives needs systematic evaluation. These crisis points include the onset of puberty, marriage, birth of a first child, unwanted pregnancy, separation, divorce or widowhood, rape, health crises such as hysterectomy, mastectomy or other major surgery, etc.

D. EVALUATION OF MENTAL HEALTH SERVICE DELIVERY PROGRAMS

1. Sex Differences in Utilization of Services Differences in access to mental health, drug abuse and alcohol treatment services as well as differences in financing of treatment between men and women need examination.

Studies are needed of the differences in motivation

between men and women in entering mental health, drug and alcohol treatment systems. Particular emphasis should be given to the reasons for the lower relative proportion of females utilizing federally funded drug and alcohol treatment facilities.

2. Evaluation of Services The degree to which women who utilize mental health, drug and alcohol treatment services find these services effective for the problem presented should be evaluated.

Comparisons should be undertaken of the outcome of federally funded drug and alcohol treatment programs developed specifically for women with those of "traditional" treatment programs.

Child care components of drug and alcohol treatment programs should be evaluated both as to their adequacy for meeting the mothers' needs and for their effect on parent-child relations and the development of the child.

E. EVALUATION OF TRAINING PROGRAMS

1. Data Needs Data should be collected, analyzed and reported for all ADAMHA training programs on the sex and race of both staff and trainees.

2. Staff and Curriculum All ADAMHA funded training programs should be evaluated for the degree to which staff and curriculum are sensitive to current needs of women of all races.

F. ADMINISTRATIVE RECOMMENDATIONS

1. Representation of Women in the Decision-making Process Adequate representation of women should be achieved and maintained on all NIH and ADAMHA committees which review research on women's mental health, physiology and reproductive systems.

A critical mass of women should be appointed to policy making positions within ADAMHA agencies.

2. Training of Trainers and Service Providers Ongoing inservice training programs should be provided for staff of ADAMHA

funded training and service programs for up to date information on the status of women, sex role assumptions, the psychology of women as well as current perspectives on psychotherapy for women.

3. Coordination of Efforts Greater coordination of research efforts between the three ADAMHA agencies is needed.

4. Dissemination of Research Findings The gap between research findings and training and service to women needs to be filled through regular publication of research results and dissemination to practitioners and trainers.

5. Research on Drugs Establish an interagency task force between NIDA and FDA to examine policies concerning drug testing and research with female subjects including those within the childbearing ages.

6. Looking to the Future A task force should be appointed for ADAMHA with representation of staff and outside consultants to plan for the needs of women in the 1980's.

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